

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>Patent # 7,208,493</td> </tr> <tr> <td>Filing Date</td> <td>Issue Date: April 24, 2007</td> </tr> <tr> <td>First Named Inventor</td> <td>Wolfgang WRASIDLO</td> </tr> <tr> <td>Title</td> <td>VASCULOSTATIC AGENTS AND METHODS OF USE THEREOF</td> </tr> <tr> <td>Art Unit</td> <td>1626</td> </tr> <tr> <td>Examiner Name</td> <td>K. Saeed</td> </tr> <tr> <td>Attorney Docket No.</td> <td>686472000100</td> </tr> </table>	Application Number	Patent # 7,208,493	Filing Date	Issue Date: April 24, 2007	First Named Inventor	Wolfgang WRASIDLO	Title	VASCULOSTATIC AGENTS AND METHODS OF USE THEREOF	Art Unit	1626	Examiner Name	K. Saeed	Attorney Docket No.	686472000100
Application Number	Patent # 7,208,493														
Filing Date	Issue Date: April 24, 2007														
First Named Inventor	Wolfgang WRASIDLO														
Title	VASCULOSTATIC AGENTS AND METHODS OF USE THEREOF														
Art Unit	1626														
Examiner Name	K. Saeed														
Attorney Docket No.	686472000100														
I hereby revoke all previous powers of attorney given in the above-identified application.															
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: <div style="float: right; border: 1px solid black; padding: 5px; margin-top: 10px;">89300</div>															
OR <input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 35%;">Practitioner(s) Name</th> <th style="width: 15%;">Registration Number</th> <th style="width: 35%;">Practitioner(s) Name</th> <th style="width: 15%;">Registration Number</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number										
Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number												
Please recognize or change the correspondence address for the above-identified application to:															
<input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number: OR <input type="checkbox"/> The address associated with Customer Number: <div style="float: right; border: 1px solid black; padding: 5px; margin-top: 10px;"></div>															
OR <input type="checkbox"/> Firm or Individual Name <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>															
Address															
City	State														
Country	Zip														
Telephone	Email														
I am the:															
<input type="checkbox"/> Applicant/Inventor. OR <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____															
SIGNATURE of Applicant or Assignee of Record															
Signature	<i>D. Roychowdhury</i>														
Name	Debasish Roychowdhury														
Title and Company	President, TargeGen Inc.														
Date	09-03-2010														
Telephone	617.679.5750														
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.															
<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.															